

Name in Full

Certificate of Death

Wm Anthony

Died at ^{Town} Queenstown

^{County} Queen Anne

MARYLAND

Date 189 ^{Month} 8 ^{Day} July 7

Age ^{Y.} 8 ^{M.} 4 ^{D.} —

Native of Occupation

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Single~~

~~Single~~

Single

~~Widower~~

~~Number of children living~~

Husband of
Wife

Father's Name Frank Anthony

Mother's Name Mary Anthony

Cause of Death { Primary Falling in the water
Immediate Drowning

How long sick

Accident, ~~Swimming~~

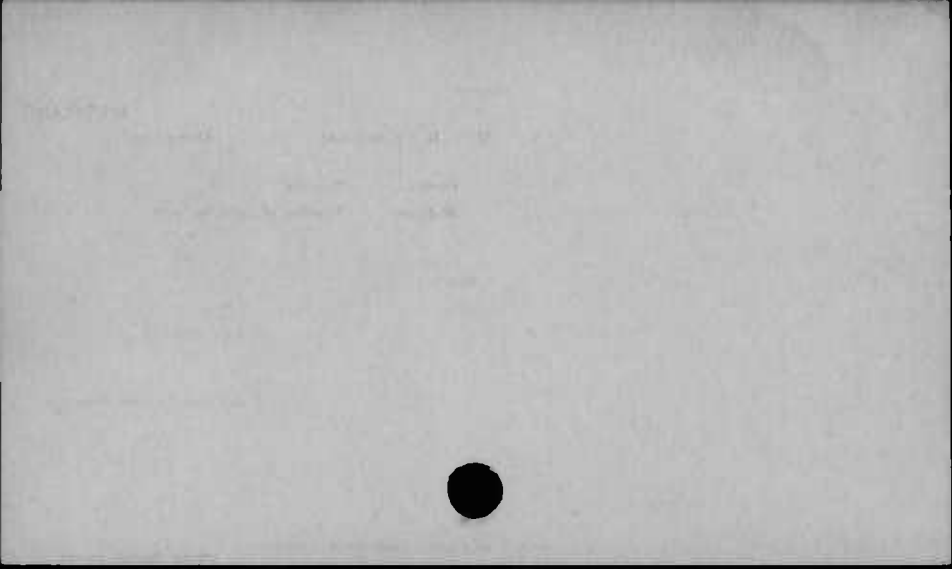
Reported by Dr. Chas. F. Davidson

Address Queenstown, Md.

148

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ST. LOUIS



Name in Full

Certificate of Death

Estella Brown

Town

County

Died at Brownsville

2. A.

MARYLAND

Date 1898 July 21

Age 14

Y. M. D.

Native of

Occupation

No Home work

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's Name Geo Brown

Mother's Name Mag Brown

Cause of Death { Primary Acute Nephritis
Immediate Uraemia

How long sick

No

Accident, Suicide, Homicide

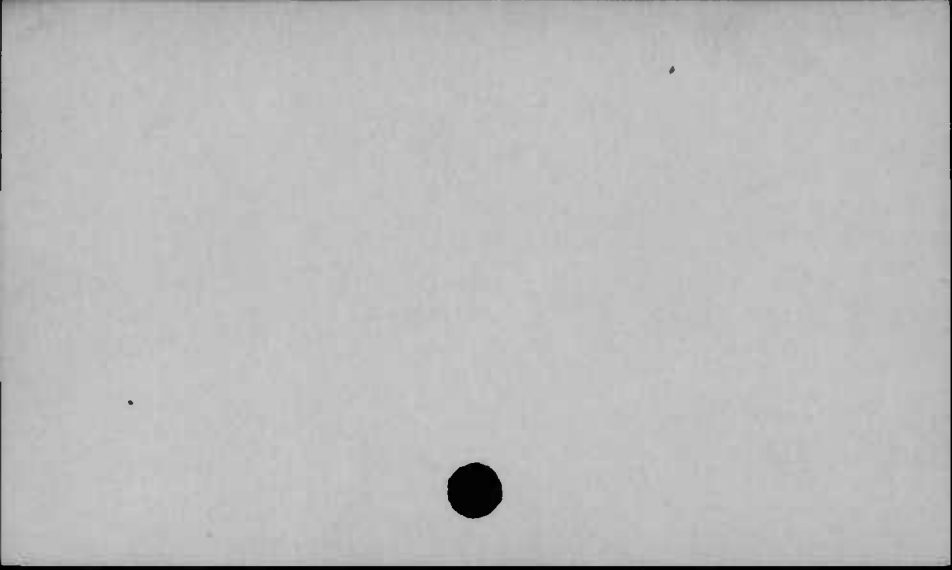
Reported by

George W. S. M.D.
Centerville

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65063



Name in Full

Certificate of Death

Edna Hunter

Town

County

Died at *Roseville**2. A.*

MARYLAND

Date 189 *8* Month *July* Day *15* Age *2.5* Y. M. D. Native of *Maryland* Occupation *nursing*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband
of
Wife

Father's Name *F. Marion Hunter* Mother's Name *Mrs. Ida Hunter*

Cause of Death { Primary *Cholera Infantum* or *Exhaustion* How long sick *2 days*
 Immediate *Exhaustion* Accident, Suicide, Homicide

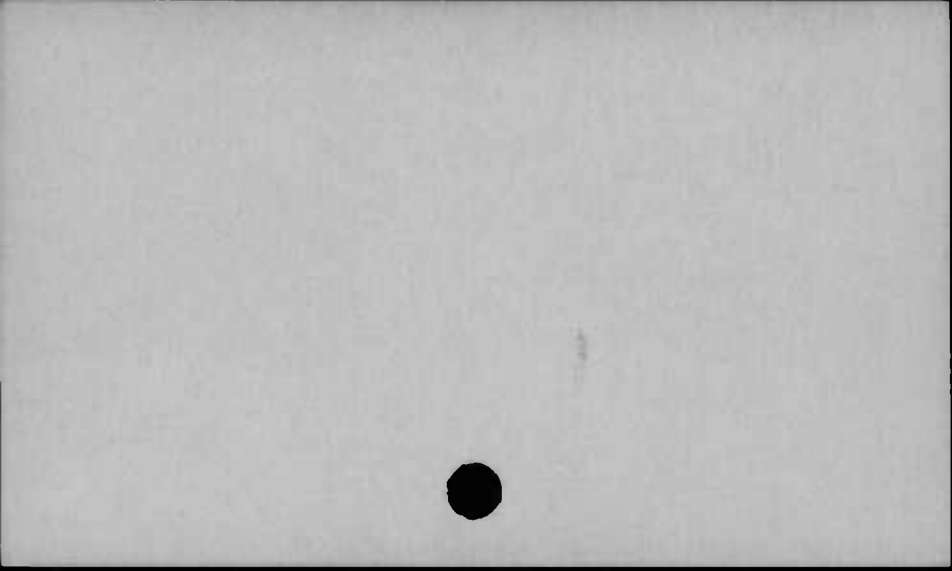
Reported by

Address

McGowan M.D.
Crestview
MS

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19063



Name in Full

Mariam Gertrude Lane

Certificate of Death

Town

County

MARYLAND

Died at

Queen Anne

St. Geo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

July 1

Age

6

Md

~~Male~~

White

~~Marrd~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

George Lane

Mother's

Name

Maggie M. Lane

Cause of

Primary

Diarrhoea Inflammatory

How long sick

24 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. Cooney M.D.

Address

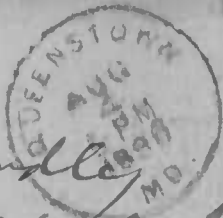
Queen Anne

Queen Anne Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Dr Jas Bradley
sect Round Hill 2nd Mo,
Centerville
Maryland



Name in Full

Certificate of Death

Harry Larrimore

Town

County

Died *New Kentville**2. A.*

MARYLAND

Date 189 *8* Month *July* Day Y. M. D. Native of Occupation *sewing*

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband
of
Wife

Father's
Name *Harry Larrimore*

Mother's
Name *Bessie Cordell Larrimore*

Cause of Primary *Cholera-Infantum*

Death Immediate *Exhaustion*

How long sick *1 day*

Accident, Suicide, Homicide

Reported by

Address

Dr. J. M. D.
Kentville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906



Name in Full

Certificate of Death

Maria Mallen

Town

County

Died at

Centerville

2. A.

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8 July 9

Age 2 4 6

Md

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Thos Mallen

Mother's

Name

Lollie Courney Mallen

Cause of

Primary

Enterocolitis

How long sick

14 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Dr
Mason M.D.
Centerville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEB 68



Name in Full

Certificate of Death

Sarah Rebecca Mander

Died at ^{Town} *near Millington*^{County} *Queen Anne*

MARYLAND

Date 189 ^{Month} *8* ^{Day} *17* *24*Age *42*

Y. M. D.

Native of

Occupation

Maryland General housework~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*8*Husband of *Charles Mander*

Father's Name

Mother's Name

Cause of ^{Primary} *1896*

How long sick

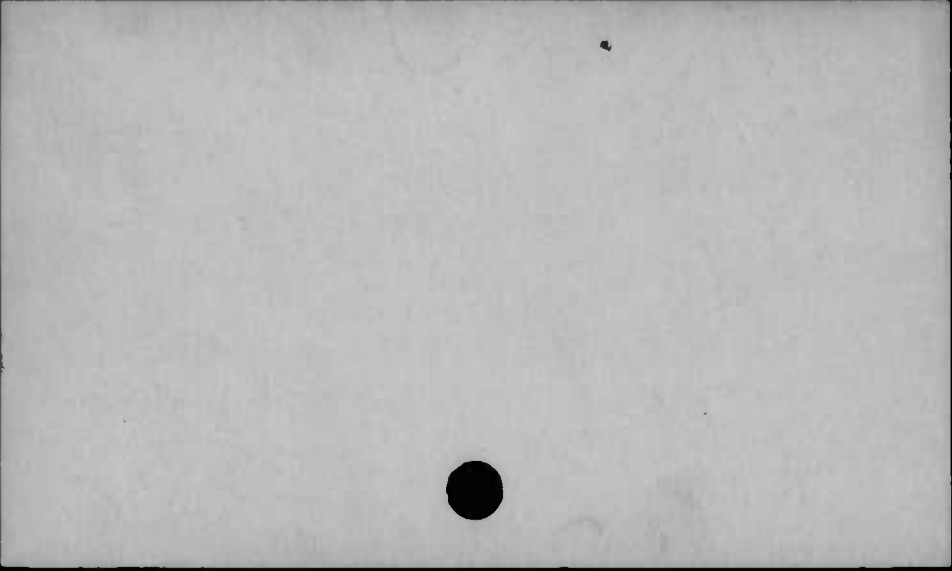
*3 months*Death ^{Immediate} *Heart failure caused by dropsy*

Accident, Suicide, Homicide

Reported by *Dr W. Jacobs (was called in at time of death)*Address *no attendance before that time only mid wife*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6563



Emma Louise Skinner

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Jan

24

Age

10 26

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

R. L. Skinner

Mother's
Name

Hera Mandrell

Cause of

Primary

Diarrhoea 82

How long sick

two week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

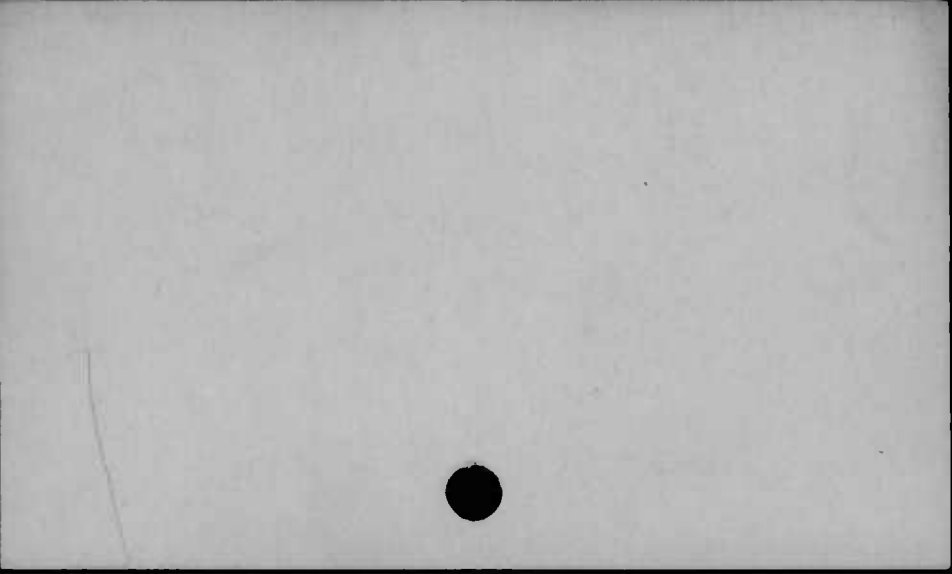
Walter H Penby M D B

Address

Ruthsburg

Queen Anne Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Start

Town

County

Died at

Winchester

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

July 18

Age

10

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Samuel Start

Mother's

Name

Susan Start

Cause of

Primary

Diarrhoea Inflammation

How long sick

8 days

Death

Immediate

Computation 83

Accident, Suicide, Homicide

Reported by

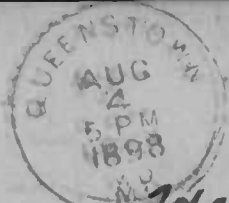
Chas. Coker M.D.

Address

Queen Anne's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Dr Jas. Bartley
Deer Brook Heath 200.
Centerville
Md

Name in Full

Certificate of Death

Herbert Wilkin

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 July 17 8

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Aley Wilkin

Mother's

Name

Pessie Wilkin

Cause of

Primary

Fall on head

How long sick

8

Death

Immediate

Compression Clot

Accident, ~~Swindle~~, Homicide

Reported by

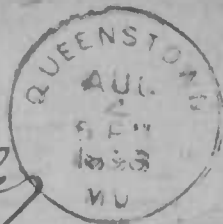
Chas. Porter M. F.

Address

2222 152a

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Dr Jos Bradley
Deer Pond Neck
Jenny Ann, Co
Centerville
Md